

MDR Tracking Number: M2-03-1323-01
IRO Certification# 5259

June 30, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in general and plastic surgery. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ____, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

____ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ____.

CLINICAL HISTORY

____ is the survivor of an eighteen-wheeler motor vehicle accident while being employed as a truck driver in _____. Patient has undergone anterior fusions of C-3 and C-4 on August 20, 2002, and since that time has had very mild carpal tunnel as demonstrated by objective findings and an EMG.

REQUESTED SERVICE (S)

Prospective medical necessity of proposed carpal tunnel release

DECISION

Uphold the previous determination.

RATIONALE/BASIS FOR DECISION

There is no indication that his EMG results have shown deterioration. If anything, there is a very mild to minimal carpal tunnel syndrome. There is no documented proof, except subjective indications, that the patient has been on a conservative course of treatment and has had no steroid injections. His psychological examination proves that although the patient is unable to work, he still does a lot of work around the farm, including care of the pigs. He has been able to use his hand enough to break the finger in the interim.

His psychiatrist reports patient to have an anxiety psychic overlay and some persistent pain, which is out of proportion to the documented and subjective comments of his surgeon after his cervical fusion. His surgeon reports that the patient had an excellent result from his surgery and has no EMG changes of a radiculopathy, that patient has persistent pain and numbness on both sides in his arms and experiences weaknesses. Therefore, there is no reason to perform a carpal tunnel release on this patient. There is no documented finding anywhere of this being related to his injury.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 2nd day of July 2003.